

PI - Monitoring MMIS Claims Edit 352 for Scanning Errors

Purpose:

Provide instruction for monitoring claims payment at the incorrect number of units. A small number of claims scanned into the Medicaid Management Information System (MMIS) pay incorrectly due to processing errors here at the Iowa Medicaid Enterprise. These claims usually post edit #352, which reads “AMOUNT DEVIATION FROM NORM - LO. THE ALLOWED CHARGE IS A CERTAIN PERCENTAGE GREATER THAN THE SUBMITTED CHARGE. VERIFY CHARGE, CODE & UNITS WERE KEYED CORRECTLY-IF NOT, CORRECT. (O;P;M;L;W).”

Identification of Roles:

IME Program Integrity (PI) Unit —monitor claims edit 352 for scanning errors.
IME CORE Unit —serve as resource for instructions on submitting adjustments.

Performance Standards:

Complete procedure weekly.

Path of Business Procedure:

- Step 1. Connect to the TSO2 server. Contact the Iowa Department of Human Services Bureau Chief, Division of Data Management to establish new accounts on the TSO2 server.
- Step 2. Open SQL Server 2005 Management Studio on the TSO2 server, and connect to the IOWAJHNDW12 database server. Contact the Iowa Department of Human Services Bureau Chief, Division of Data Management to set up new access to the SQL Server 2005 database servers.
- Step 3. Open the following query; \\dhsime\SURS\Data Warehouse\Paul\SQL\Templates\DW12\Final Claims Only by Edit Number\HCFA Final Claims Only by Edit Number.sql

Change the pay date in the where clause of this query to the most recent pay date, and run the query. This procedure should be done weekly. If a week is missed, run the query for any missed weekly pay cycles.

- Step 4. Copy and paste the results into a Microsoft Excel Spreadsheet. Sort the spreadsheet so the claim line items with the highest reimbursements appear at the top of the spreadsheet. Any claims that appear to have been paid at the incorrect number of units should be investigated. Copy and paste any suspect transaction control numbers into Document Retrieval (“General” Document Type Group; “Claim” Document Type) in OnBase to view the paper claim images. If any claims were paid incorrectly, adjustments will need to be submitted to the MMIS to make corrections. Refer to the CORE Unit procedure document \\dhsimeobcdp\CA Uploads\Template\CA Instructions.doc for instructions on submitting adjustments.
- Step 5. Before submitting the adjustments, contact any providers who were incorrectly paid via telephone and inform them live adjustments will be submitted to correct the overpayments. Fax the provider information, including the paper claim image and the remit advice, to document the overpayments.

Forms / Reports:

None

RFP References:

6.1.2.3.6

Interfaces:

IME CORE

Attachments:

None